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Bib Data Sheet

CONFIRMATION NO. 8800

<b>SERIAL NUMBER</b> 09/712,129	<b>FILING OR 371(c) DATE</b> 11/15/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> (P25,984REI)
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a REI of 07/969,383 10/30/1992 PAT 5,364,866  
 which is a CIP of 07/788,269 11/05/1991 ABN  
 which is a CIP of 07/944,705 09/05/1991 ABN  
 which is a CON of 07/619,825 11/29/1990 ABN  
 which is a CON of 07/456,790 12/29/1989 ABN  
 which is a CIP of 07/354,411 05/19/1989 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/14/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 146	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**

23307

**TITLE**

Heteroaryl/piperidines, pyrrolidines and piperazines and their use as antipsychotics and analgetics

<b>FILING FEE RECEIVED</b> 1950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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